INCAPACITATED OFFENDERS

DOC RECOMMENDATIONS
FEBRUARY 16, 2011

The DOC at any given time houses approximately 120 offenders who are medically or mentally incapacitated and unable to care for themselves.

FACILITY	INCAPACITATED OFFENDERS
IMCC	Approx 70 offenders - 40 from medical and rest are mentally ill patients
NCF	8 offenders
ICIW	10 offenders and 1 individual currently in hospice care
ISP	10 offenders
ASP	7 offenders
MPCF	10 offenders
CCF	4 offenders
FDCF	None
Rockwell	1 offender restricted to a wheel chair

The question of how to better treat and house medically and mentally challenged offenders is sparking a great deal of interest in the DOC and we appreciate the opportunity to put forward several ideas to help stimulate a solution. These ideas are not in any ranked order:

1. Create a locked unit(s) for offenders with illnesses like Parkinson's, Huntington's and Alzheimer's.
2. Intellectually disabled offenders who have non-violent crimes maybe viable candidates for group homes or waiver houses. I am sending over info on waiver houses.
3. Because many group homes do not want ex-offenders, the State should look into federal funding for waiver houses and create our own.
4. The Clarinda MHI has a Geropsychiatric program that could be expanded or do not make it part of the MHI and expand it under a different management arrangement – like DPH or private/public partnership.
5. Use more home health care type individuals early in the offender's involvement with the criminal justice system.
6. Use the MHI system more. There is lots of space and does not need to be under DHS, use the MHI as a reentry center for offenders with MI.
7. Make access to the local mental health care system easier for people with MI.
8. Use more Federal resources to support medically challenged offenders.
9. Designate space/beds in the new CBC Residential Facilities (1st, 3rd, 6th,7th and 8th) as beds for offenders with mental illness and tie in local community resources.
10. Consolidate resources so that the local mental health system acts and speaks as one voice and not competing interests.
11. Read the Executive Order 15 Mental Health Subcommittee Report to Corrections attached; particularly the recommendations on page 4 and the literature review of pages 5-7.
12. Develop a Corrections out-reach program to make sure that local providers know the issues facing the DOC and how providers can help offenders.
13. Create a Department of Mental Health that can provide consistent care and treatment from group homes to maximum security prisons and every level in between. Make sure programming is 7 days a week.
14. Reevaluate the scope of the MHI institutions.

15. Collaboration among state and local agencies must occur. The question should not be who “owns or pays for or does not” a person with MI or medical needs it should be how can we improve the person’s life in order to reduce future costs.
16. Fund a DOC life skills program for the mentally ill offender. Because we provide their entire care while in prison the mentally ill offender does not know or has forgotten basic life skills that most group homes require as a means of admission to their program.

There are still ideas that will be coming in from the field and I will send you them as they come in; however, this will get the conversation started. The DOC has not evaluated these ideas, nor are we supporting any particular strategy. Our goal is to make sure that we continue to improve the treatment of the offenders with medical and mental health issues while they are under the supervision of the DOC. We want to be part of the solution. I will send you the EO 15 report and an article I found on the waiver houses idea.